IOWA STATE UNIVERSITY
OF SCIENCE AND TECHNOLOGY

Environmental Health and Safety
2408 Wanda Daley Drive
Ames, IA 50011-3602
Phone: (515) 294-5359
www.iastate.edu

X-RAY/RADIATION PRODUCING DEVICE WORKER APPLICATION

Please print clearly: Legible records are required.

Name: (First, MI, Last) _____

Date of Birth: _____ Gender: ◯ Female ◯ Male

University ID #: _____ Social Security # (last 4 digits):xxx-xx-____

ISU Telephone: _____ E-mail Address: _____

ISU Department: _____ Device Manager: _____

Have you been a radiation worker at any location other than Iowa State University? ◯ Yes ◯ No
(If yes, a Radiation Exposure History Release Authorization be completed and signed)

Iowa State University requests this information for the purpose of complying with the requirements of 10 CFR 20.2102 and 641-40.19(136C) of the Iowa Administrative Code regarding the maintenance of personal radiation exposure records. **Personal information is kept confidential.** Incomplete applications will delay approval.

A. Radiation Safety Training Requirements (Only one course is required)

Required Course	*Date Completed*
X-Ray Safety Fundamentals	
X-Ray Safety Fundamentals for Veterinary Clinical Services	

B. X-ray/Radiation Producing Device Information - Attach additional description if needed

1. Radiation Producing Device kVp:_____ mA:_____ seconds:_____

Beam Time:_____ How Often Used:_____ Is this a cabinet system? ◯ Yes ◯ No

Experiment / Assay (describe): _____

_____

_____

2. Radiation Producing Device kVp:_____ mA:_____ seconds:_____

Beam Time:_____ How Often Used:_____ Is this a cabinet system? ◯ Yes ◯ No

Experiment / Assay (describe): _____

_____

_____

C. Principal Investigator Request for Addition to Authorization

I certify that the individual named above has completed the listed requirements to use radiation producing devices at Iowa State University. I request that an amendment be made to my authorization to include them as approved personnel.

I understand that it is my responsibility to supervise the work conducted by this individual, to provide them with specific training on laboratory operating and safety procedures, and ensure that they abide by all university rules and policies concerning the possession and use of radiation producing devices as outlined in the, X-ray Safety Manual and Laboratory Safety Manual.

To the best of my knowledge the above information is correct. I also understand that the information provided will be used to determine if the applicant qualifies as a dosimetry participant. I further acknowledge that if the applicant does not qualify as a dosimetry participant that they may still request a dosimeter and I agree to cover all costs of dosimeter maintenance.

Signed (Participant): _____ Date: _____

Signed (Principal Investigator): _____ Date: _____

Return the completed form to: Environmental Health and Safety, 2408 Wanda Daley Drive / 3602 or email.

For EH&S use only

Training Course: _____

Test Date: _____ Test Score: _____

Applicant issued dosimetry: YES NO Dosimeter(s): _____

Participant Number: _____ Series Code: _____

Former Name (if changed): _____